

FEDERAL DIRECT PLUS LOAN REQUEST

Student Name / SSN:	SSN#
Program:	Student DOB
Parent (Borrower) Name / SSN:	SSN#

I request that the following PLUS loan(s) be processed under my Master Promissory Note. I understand that I may cancel or adjust this loan amount by contacting the school or my lender.

PLUS Loan Amount Requested	Loan Period (mm/yy - mm/yy)	Parent's Signature	Date

I authorize my lender to access my credit records in order to perform a credit evaluation. I further authorize the release of my credit evaluation results to the school's Financial Aid Office and allow the school to initiate a pre-approval credit evaluation in the interim.

Parent's Signature / Date*
*Credit check expected to be run within 90 days of this signature/date unless an alternate date is noted here and in which case the credit check will be run within 90 days of the alternate date.

In accordance with Federal Regulation, I hereby request that the institution retain any of my Federal PLUS funds awarded and received over and above the amount currently due in order to assist me in budgeting my funds for the remainder of the academic program and to assure that I have reserved sufficient funds for my son's/daughter's educational expenses. In addition, I authorize disbursements to my son/daughter from these funds in accordance with their financial plan. I understand that I may reverse these decisions at any time by contacting the Financial Aid Administrator and thereby taking full responsibility for payment of all fees when due.

Parent's Signature / Date

Parent Information:

Parent Name	
Parent SSN / Date of Birth	SSN _____ Date of Birth _____
Parent Street Address	
Parent City, State and Zip	
Home Phone Number	
Other Contact Number	
Citizenship Status	(mark one) US Citizen _____ or Eligible Non-citizen (Alien # _____)
Driver's License	State _____ # _____
Email Address	